## OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS

**FOR PAYMENT** New Jersey Statutes Annotated, 44:7-86.

**EFFECTIVE DATE** January 1, 1974.

**ADMINISTRATION**<sup>1</sup> Social Security Administration.

**PASSALONG** In compliance by the method of maintaining all payment levels.

SCOPE OF Optional supplement provided for every aged, blind, and disabled COVERAGE recipient except those in publicly operated community residences

or facilities where Medicaid pays less than 50 percent of the cost of

care. Supplementation provided to recipients in approved

residential facilities. Blind and disabled children are eligible for

optional supplementation.

RECOVERIES,

LIENS, AND

ASSIGNMENTS None.

**RELATIVE** 

**RESPONSIBILITY** None.

**INCOME** 

**DISREGARDS** No disregards in addition to the Federal income disregards.

RESOURCE

**LIMITATIONS** Federal SSI resource limitations apply.

PLACE OF

**APPLICATION** Social Security Administration district offices.

**FUNDING** Assistance: State funds.

Administration: State funds.

INTERIM

**ASSISTANCE** State participates.

Mandatory minimum supplementation is administered by the same agency as optional supplementation.

10.00

20.00

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PAYMENT LEVELS2

FAIR	MENI LEVELS					
<u>Code</u>	Living arrangements	Combined Fe <u>Individual</u>	deral/State <u>Couple</u>	State suppler Individual	mentation <u>Couple</u>	
A	Congregate Care <sup>3</sup>	\$644.05	\$1,269.36	\$150.05	\$528.36	
В	Living alone or with others	525.25	766.36	31.25	25.36	
C	Living alone with an ineligible spouse <sup>4</sup>	766.36	N/A	272.36	N/A	
C	Living with essential person <sup>5</sup>	766.36	N/A	25.36	N/A	
D	Living in household of another	373.65	587.09	44.31	93.09	

## STATE ASSISTANCE FOR SPECIAL NEEDS

40.00

ADMINISTRATION	Department of Human	n Services. Division	of Family Development.
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SPECIAL NEED CIRCUMSTANCES

Medicaid facility

Emergency assistance for catastrophic events and burial and funeral payments. Eligibility for payments based on meeting requirements for mandatory minimum or optional State supplementary payments.

80.00

## **MEDICAID**

## **ELIGIBILITY:**

**CRITERION** SSI program standards (title XVI).

**DETERMINED BY** Social Security Administration.

MEDICALLY NEEDY

**PROGRAM** Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL

**EXPENSES** The Social Security Administration obtains this information.

<sup>&</sup>lt;sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>&</sup>lt;sup>3</sup> State supplement includes a \$67.50 personal needs allowance per person per month.

<sup>&</sup>lt;sup>4</sup> Federal criteria is used in determining an ineligible spouse. Applies to recipients who live either with only their ineligible spouse or with only their ineligible spouse and foster child(ren).

<sup>&</sup>lt;sup>5</sup> Payment levels for essential person apply only to cases converted from former State assistance programs.